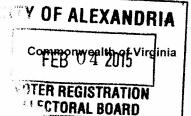


Virginia State Board of Elections



Statement of Organization CANDIDATE COMMITTEE

*Please read instructions before completing this form. Type of Statement □ NEW X AMENDED This committee is registering with the This committee is filing an amended Statement of Organization. Virginia State Board of Elections for the first Date Changes Took Effect SBE-issued Committee ID 09/01/2014 CC-12-00953 Committee Information Friends of Jermaine Mincey Name of Candidate Campaign Committee P. O Box 852 Street Address/PO Box Suite # Committee Annandale Information VA 22003 City Zip Code minceyforcouncil@gmail.com 22364 22003 Email Address Daytime Phone # www.minceyforcouncil.com Campaign Website Candidate Information Mincey Jermaine Arnez Salutation Last Name First Name Middle Name Suffix P.O. Box 852 Residence Address Apt# Annandale VA 22003 Candidate Information City State Zip Code FAIRFAX COUNTY 897844259 County or City of Residence Voter Identification # minceyforcouncil@gmail.com 703-336-9351 Email Address Daytime Phone # By checking this box, I certify that I am currently registered to vote at the address above. **Election Information** Member City Council Alexandria City Election Office Sought District (if one) Information Independent 2015 November May Special

Political Party

Year of Election

Type of Election



Statement of Organization CANDIDATE COMMITTEE

	Treasurer	Information		
Treasurer Information	Mincey Salutation Last Name P.O Box 852	Jermaine First Name	Arnez Middle Name	Suffix
	Residence Address Annandale		Apt#	22003
	City FAIRFAX COUNTY		State 897844259	Zip Code
	County or City of Residence minceyforcouncil@gmail.com Email Address M By checking this box, I certify that I is		Voter Identification # 703-336-9351 Daytime Phone #	
Capital One Ba		Name of Other	Financial Institution (if applical	ble)
Alexandria	VA State	City	State	
City		tee Activity	Maria Maria Alia	
Dates of Activity	Please provide the following dates. (If a Date first contribution accepted: Date first expenditure made: Date campaign depository designs Date filing fee paid for party nom Date Statement of Qualification for	05/14/ 05/24/ 05/14/ ated: ination:	2012 2012 2012 2012	write "N/A"

(continued on next page)



Statement of Organization CANDIDATE COMMITTEE

Filing Method				
The state of the s	Please indicate the method by which this committee will submit all required campaign finance report To File electronically using SBE's Electronic Filing Application. File electronically using an SBE Approved Vendor (Please indicate Name of Vendor:)			
x - 3 -e-				
Filing Method				
	☐ File paper reports.			
	Signature Date	104/15		
	Signatures			
Candidate's Signature	I affirm that, to the best of my knowledge, all of the information on this form is complete and truthful. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the Code of Virginia). I also understand that my Treasurer and I must truthfully report, in a timely manner, all monies and things of value which this campaign committee receives or expends. Civil penalties shall be assessed for late or un-filed reports in the manner required by the Code of Virginia. I further understand that if I do not appoint a treasurer, or if at any time the treasurer's position is vacant, that I, as the candidate, will assume and accept all of the Treasurer's duties until the position is filled. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be surject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.			
Treasurer's Signature	I accept the appointment of Treasurer of this campaign committee. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the Code of Virginia). I understand that I must truthfully report all monies and things of value which this campaign committee receives or expends in a timely manner. Civil penalties will be assessed in the manner required by the Code of Virginia for late or non-filed reports. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony. Or Or Or Or Or			



Instructions for Completing This Form

General Guidelines

- Candidates for local office who indicate that they will be submitting their reports on paper must submit the original copy of this form to the General Registrar or local electoral board's office.
- Candidates for local office who indicate that they will be submitting their reports electronically must submit the original copy of this form to the General Registrar or local electoral board's office and a copy to the State Board of Elections at 1100 Bank Street, Richmond, VA, 23219.
- For General Assembly Candidates, an original of this form must be submitted to the State Board of Elections at 1100 Bank Street, Richmond, VA 23219 and a copy must be submitted with the local electoral board of the county or city in which the candidate is a resident.
- ⇒ All requested information on the form is **required** unless otherwise noted below.
- An amended Statement is required to be filed within 10 days of the change if <u>any</u> of the information reported on this form changes. Failure to amend this form in a timely fashion may result in civil penalties of up to \$500 to be assessed according to the procedure described in \$24.2-929 of the <u>Code of Virginia</u>.

Type of Statement

⇒ Check the box that best fits the type of Statement your committee is submitting.

Campaign Committee's Mailing Address

- ⇒ Enter the name of the Campaign Committee (e.g. Friends of Candidate Smith).
- ⇒ Enter the home mailing address for the candidate (this should be the same as where you are registered to vote).
- ⇒ Enter the Campaign Committee's primary mailing address (PO Boxes are acceptable.)
- ⇒ Enter the Campaign Committee's email address
- ⇒ Enter the campaign's primary daytime phone number.
- ⇒ Enter the Campaign Website (if none, enter N/A)

Candidate Information

- ⇔ Enter the full name of the candidate.
- ⇒ Enter the county or city of the candidate's residence.
- ⇒ Enter the candidate's Voter Identification #.
 - O This can be found on the candidate's voter card or by calling SBE.
- ⇒ Enter the email address of the Candidate (if one).
- ⇒ Enter the Candidate's daytime phone number.

Election Information

- ⇒ Enter the office sought by the candidate and the district (if one).
- ⇒ Enter the political party of the candidate (for candidates for statewide or General Assembly office, in the absence of a political party please enter "Independent").
- ⇒ Enter the year of the office's General Election.
 - If seeking election to a Special Election, check the next box. Please note that you should not check this box prior to the official calling of the Special Election.

(continued on next page)